

# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

*Volume LVII*

NOVEMBER, 1987

*Number 8*



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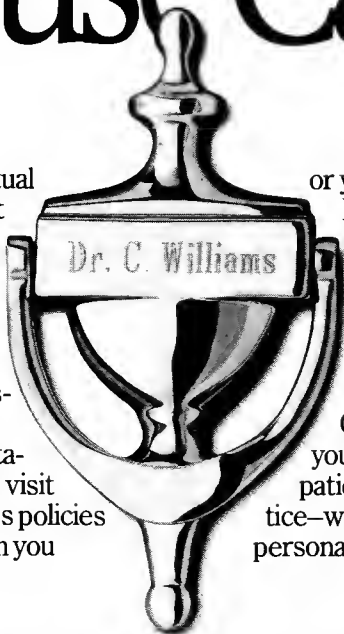
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## 1987 - MAHONNG COUNTY MEDICAL SOCIETY MEETINGS - 1987

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 20	Mar. 17	May 19	Sept. 15	Nov. 17	Dec. 15

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## SPECIAL COMMENT

THE WICKLINE DECISION:  
A COURT FIXES RESPONSIBILITY

The Supreme Court of California has delivered its "verdict" on the Wickline Case. It let stand the ruling of the California Court of Appeals.

This now famous case was discussed in two articles in *Dayton Medicine*, June 1987. Briefly, in 1976, Mrs. Wickline was hospitalized because of occlusive disease of her abdominal aorta. On January 7, 1977, she was operated to restore circulation to the lower extremities. She was covered under the Medi-Cal program of California which had authorized her hospital stay until January 17th. Her physician requested eight days further hospitalization. This was not granted. Instead, a Medi-Cal consultant authorized only four more days. Although the doctors were reluctant because of the patient's condition, they agreed to dismiss her at the time prescribed by Medi-Cal. Subsequently, the patient returned to the hospital with complications, including infection in the femoral incision and impaired circulation to the right lower extremity. Her right leg had to be amputated.

Wickline sued Medi-Cal of California for negligence in limiting her post-operative hospitalization. The Jury awarded her \$500,000. Then the Court of Appeals overturned this decision, and Wickline appealed to the Supreme Court of California.

The issue in court was the question of responsibility for Wickline's discharge. Did it lie with Medi-Cal of California, or with her attending physicians? The State argued that the decision to dismiss the patient was made by her physicians and therefore, was their responsibility in spite of the fact that Medi-Cal did not authorize the length of stay requested by the doctors.

The Supreme Court of California agreed to hear the Wickline appeal. But nearly a year later the California Supreme Court, its composition changed by the election of three new justices in 1986, dismissed the appeal and left intact the appellate court's decision that it was the responsibility of Wickline's doctors to resist Medi-Cal's discharge directive.

The appellate court held, "The physician who complies without protest with limitations imposed by a third party payor, when his medical judgement dictates otherwise, cannot avoid ultimate responsibility for the patient's care. He cannot point to the health care payor as the liability scapegoat when the consequences of his own medical decisions go sour." The court seems to be saying that no matter how much pressure the third party puts on the physician, the medical decision is still his. Even though it was Medi-Cal's decision to authorize only four more days of hospitalization, in the judgement of the court, it was only the doctor who could make the final decision to dismiss the patient.

Several weeks ago I discussed the Wickline case and its implications at a meeting of some 1,200 physicians, sponsored by the American College of Cardiology in Indianapolis. When I told the doctors of the initial judgement of \$500,000 against Medi-Cal of California, they burst into spontaneous applause. It seemed that this decision was a victory for the physicians and an indictment of the actions of the third party, and might establish a precedent limiting the interference of third party payors in medical decisions. The ruling by the appellate court was viewed as a defeat for physicians in their efforts to retain authority in clinical practice. So, it

(Continued on Page 216)



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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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### **Editorial:**

#### **ACCESS TO CARE- 1987**

When I was a youngster I remember my grandfather telling me about health care in the 1930's. In 1932 he developed an acute appendicitis. The surgeon he picked told him the cost of his services were \$150.00, paid in advance. That was a lot of money for 1932 with its economic turmoil, but he was able to come up with the money and successfully undergo the operation without complications.

Through the 1950's and the 1960's most Americans enjoyed good health care insured through their employer at almost no cost to them personally. Industry faltered during the 1970's, especially in the Youngstown area and the jobs available fell into the service sector of the economy. Though some unemployment was saved, insurance was not paid for these relatively low-paid workers who often were paid only for part time work.

As anyone will tell you, patients have become very particular in how they utilize the medical facilities, simply because they have to bear these costs themselves. The politicians have noted this also. On Capital Hill, Senator Edward Kennedy's committee has estimated that some 35 million people in the United States are without health insurance.

What to do about this situation has been the subject of long debates. Most of these has centered on just a few suggestions. One is to return to the days of "pay as you go". Somehow people always seem to find a way of getting help if they need it. It's also remembered that just as his predecessors of 1932, physicians have always given some free care to patients who could not pay at all. The second comes from the other extreme of a completely socialized system, having the government insure access for every American to medical care.

Both of these systems were severely flawed, as most extreme solutions are. That brings up the third solution, which is a compromise of the two extremes. At the moment Congress is leaning toward making insurance

mandatory for all employed workers. Those that are unemployed would be helped by social agencies such as Medicaid, Medicare and various "free" clinics. Unfortunately, this isn't always practical. Benefits like these will certainly force many businesses to fold due to the added cost. It will actually increase the national deficit since some employers will be able to take tax write-offs for the amount spent on health benefits. Also, the added paperwork would make costs within the doctors' offices climb.

With more and more pressure groups joining the "access to care" issues in all levels of government, one thing is for sure: Continued socialization of the health system will continue. How this is shaped demands the vigilance and advice of all concerned. If cost saving measures continue and these problems are not resolved, you, doctor can expect to treat fewer patients in the future; those patients will be sicker; you will spend more time on each patient; you will work harder; and finally you will ultimately earn less.

Brian S. Gordon, M.D.

(Continued From Page 214)

seemed at first blush, was the verdict of the California Supreme Court not to hear the appeal and let the appellate court's verdict stand.

This interpretation may be shortsighted. In the long run it may be a victory for both the doctor and the patient that the California courts have placed full responsibility for medical decisions on the physician. I interpret this as upholding and reaffirming the physicians's responsibility, and now his legal requirement to be the patient's advocate. The physicians in the Wickline Case are fortunate indeed that they were not the subjects of the suit. As the interpretation of the case has evolved through the courts of California, it is clear that the physician must answer for his actions on the basis of medical validity, regardless of pressure from the payor, be it government or a private carrier.

I think this is as it should be. The Wickline decision has armed the physician with the right he has always had and should never have yielded - simply to say no when outside forces try to use the power of the purse to control medical practice. All present trends to the contrary, the physician's responsibility still is to the patient and not to any government agency, insurance company or employer. After Wickline, this responsibility stands clearly restated as a matter of law. It has always been a matter of medical ethics and principle.

Perhaps we should thank the California courts for reminding us what we must never forget- that our first and only responsibility is to the patient.

Sylvan Lee Weinberg, M.D.

Reprinted from *Dayton Medicine*, October 1987

## **AUXILIARY MEMBER IS "WOMAN OF THE YEAR"**

The annual YWCA "Woman of the Year" award in the volunteer division-health was bestowed on Mrs. Judith Jackson, long time Mahoning County Medical Society Auxiliary member, as special recognition at the October 1 dinner held at Mr. Anthony's.

Mrs. Jackson, wife of Dr. Raymond Jackson, was one of 13 recipients of awards in a broad area of involvement that is encompassed by the "Women of the Year" awards. This is the 10th year the awards have been presented.



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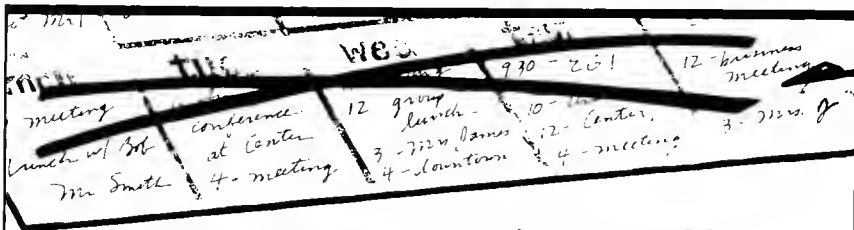
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## MAHONING COUNTY MEDICAL SOCIETY

### Proceedings of Council

Oct. 13, 1987

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Oct. 13, 1987 at the Moonraker Restaurant.

The meeting was called to order at 7:20 p.m. during the course of dinner to expedite completion of the agenda in a timely fashion. A motion was made, seconded and passed to dispense with the reading of the minutes of the June Council meeting.

The treasurer's report listed nine members who haven't paid their 1987 dues. A listing of dues collected to date, third quarter extra income and total income to date was presented. The bills list was presented and a motion made, seconded and passed to pay each bill.

The following applications for membership were presented: ACTIVE: Carl F. Ansevin, M.D., Adam E. Costarella, M.D. ASSOCIATE: James T. Amsterdam, M.D., Mustafa Barudi, M.D., David J. Dunch, M.D. Richard D. Gentile, M.D., Shaukat Hayat, M.D., Dale L. Kile, M.D., James N. Kvale, M.D., Larry K. Nash, M.D., Daniel J. Pipoly, M.D., Wayne W. Schroyer, M.D., Pannee Siripong, M.D., Robert A. Skotnicki, M.D., Thomas J. Zarlingo, M.D., Karen K. Codjoe, M.D.

Communications included:

1. Thank you from Mrs. Banninga for contribution by the Society to the Foundation in the name of Dr. Banninga.

2. Invitation to attend 20th Anniversary celebration of Alcoholism Programs in Mahoning County which includes a dinner dance at Mr. Anthony's October 23.

3. Invitation from Trumbull County Medical Society to attend a seminar on Peer Review Systems and Current PRO Activities in Ohio at 6 p.m. Wed. Nov. 11 in Warren. It was noted that the Society's membership was circularized by TCMS.

4. Notice of the interim meeting of the Hospital Medical Staff Section of AMA in Atlanta along with the regular interim meeting of AMA from Dec. 5 through December 9.

5. Statement by the OSMA president taking exception to published statements that put the blame for a proposed hike in Medicare premiums on physicians. The statement was released to all Ohio newspapers and other branches of the media.

6. A release clarifying the dispute between PICO and the State insurance department, noting that an increase in reserve by PICO will ameliorate the situation.

Committee Reports.

The marketing committee chairman reported the committee met and discussed insertion of advertising in a local newspaper. A suggested advertisement, calling attention to the Society's referral service, was presented with a cost figure. After some discussion and several suggestions, it was decided to have the committee meet again and discuss the suggested areas proposed for implementation of the marketing concept.

The mini-internship committee reported a recently concluded program included four interns and four doctor faculty members. It was suggested that former participants in the program be involved in recruiting new participants.

A report on the combined Society/Auxiliary meeting of the Society in



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September categorized the event as highly successful. The president extolled the quality and quantity of the International Buffet and lauded the efforts of the auxiliary members in making the event successful.

Sixth District Councilor Dr. Anderson explained the importance of attendance at the two caucuses and the OSMA House of Delegates meeting by delegates and alternates. He noted that resolutions to be presented to the House of Delegates can be presented by an individual, by the county or by the Sixth District. He stated that presenting them to the caucus held in January or February and having them approved by the Sixth District will give the resolution more impact when it reaches the floor of the House of Delegates.

Project O.P.E.N.(Ohio Project Elderly Needy) was again presented to Council for its consideration as a local Society project. The project utilizes an outside agency to qualify elderly in two categories. Category I is 65 or older, with Medicare coverage, living at or below the poverty level. OPEN calls for physicians to accept Medicare assignment for this category. Category II is 65 or older, with no health insurance coverage, living at or below the poverty level. Open calls for physicians to provide their services at no cost to patients in this category. The Council approved the implementation of program.

At the request of the Auxiliary, the date for the President's Ball and Installation was changed from Friday, January 22 to Saturday, January 23, 1987.

A motion was made, seconded and passed to place an ad in the NEOUCOM year book as was done last year.

A discussion was held concerning the difference in liability insurance coverage that is required by two local hospitals. It was noted that one hospital requires higher limits than the other and will not honor courtesy privileges unless the physician with the lower coverage raises his coverage. A letter is to be written seeking some sort of equity in the matter, though it was noted the Society cannot have much impact in determining hospital policy.

A motion was made, seconded and passed to have non-resident membership applications referred to Council before presenting them to a general meeting of the Society.

It was announced the Corydon Palmer Dental Society is sponsoring a seminar "Oral Diagnosis for the General Practitioner" at Avalon Inn, Nov. 11. Information is available by calling 759-0925.

The meeting was adjourned at 9:25 p.m.

Robert B. Blake  
Executive Director

## CME AT ST. ELIZABETH HOSPITAL

**Nov. 13, CARDIOLOGY** "Indications for treatment of Ventricular Dysrhythmias in the Ambulatory Patient", Joseph H. Levine, M.D., Assistant Professor of Medicine(Cardiology), John Hopkins University.

**Nov. 20, GASTROENTEROLOGY** "Treatment of Peptic and Duodenal Ulcers", Arthur J. McCullough Jr., M.D., Assistant Professor of Medicine, Case Western Reserve University.

**Dec. 4, INSURANCE** "Medical Liability Insurance Problems", William Wells, M.D. Medical Director, Physicians Insurance Company of Ohio.

**December 11, SURGERY** "Thrombolytic Therapy in Peripheral Arterial Occlusions", Robert A. Graor, M.D., Department of Peripheral Vascular Disease, Division of Internal Medicine, Cleveland Clinic.



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# ITEMS

## *From the Exec's Desk*

ROBERT B. BLAKE, Executive Director

Emanuel Tanay of Detroit Medical News said it succinctly: "Our professional organizations are the affirmation of the spiritual nature of medicine. Organized medicine is more than a trade association negotiating with third-party payers on our behalf or protecting us against the intrusiveness of government. It is an embodiment of a unit of spirit that goes back to the Hippocratic oath. If we cease to cultivate our solidarity and dedication, we will cease to be physicians and become merely medical technocrats."

\*\*\*

According to the Bureau of Labor Statistics Consumer Expenditure Survey, women aged 18 to 64 who live alone spend more than twice as much on medical services such as health insurance and prescription drugs as men do. Men spend more than women on food.

\*\*\*

If you are thinking about signing on the dotted line for participation in a HMO, PPO, IPA or whatever, get a copy of the contract to send to OSMA and let them evaluate it for you. Find out if you are in a position to negotiate and what you can and should negotiate. Even if you have already signed up, it might be a good idea to avail yourself of this service.

\*\*\*

Surprisingly, with more than 370 actively practicing physicians in the Society, our Grievance Committee never has more than a dozen or so complaints during any year. One area of complaint is treatment received by office personnel. The office people are the physicians' first line of contact with a patient, many times, and also the last contact when the patient leaves the office. To the general credit of most of the doctors' office personnel, the complaints are at a minimum but some do exist.

\*\*\*

There was ice on the roads in October and now autumn is fully upon us. This brings the annual Nominating Meeting of the Society this month, when a slate of officers is chosen by the nominating committee and presented to the Society members for approval.

\*\*\*

Our auxiliary is going to take over the arrangements for the January meeting of the Society, which will be a President's Ball and Installation Meeting. Tentative plans indicate this will be a posh affair so keep your calendar clear for Saturday, January 23, 1988.

\*\*\*

## NOMINATIONS IN NOVEMBER

All members have received a flyer announcing the Nov. 17th meeting of the Mahoning County Medical Society, along with a complete listing of Council, showing the offices up for nominations, and the report of the nominating committee.

Further nominations can be made from the floor, by secret ballot, at the meeting and the two nominees for each office receiving the highest vote will be placed on the December election ballot. Those wishing to nominate someone from the floor are asked to be certain their nominee will agree to run for office and will serve if elected.

The meeting is at 6:00 p.m., starting with a social period, at Antone's in McKay Court, off Rt.224.

*M. Maurine Fogarty, M.S., C.C.C.*

*Joy W. Elder, M.A.*

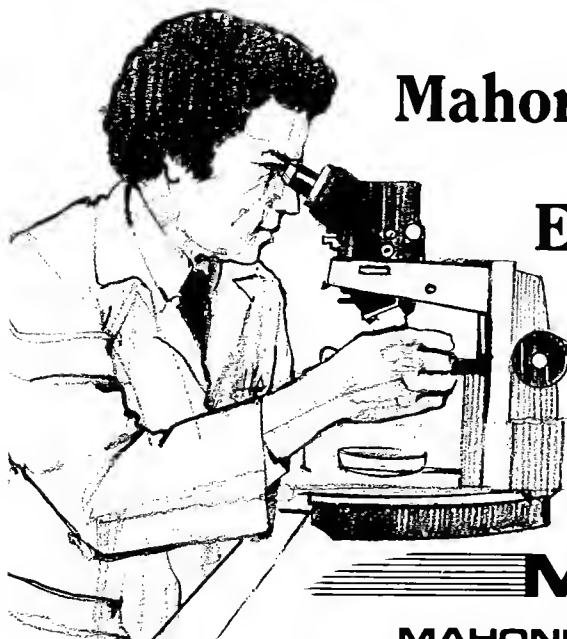
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## CREDENTIALS VERIFICATION

Hospitals should use "primary sources" to verify information provided by individuals applying for clinical privileges, according to a revised standard adopted by the Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission's Board of Commissioners approved the standard at its August 29 meeting.

An essential characteristic of an effective clinical privileges delineation process is the verification of an applicant's credentials by the hospital. In the case of a physician applicant, the usual primary sources of information include the physician's medical school, residency training programs, state licensing boards, specialty boards, and other hospitals.

The standards also encourage hospitals to seek information from sources other than the primary sources. These include the American Medical Association's Physician Masterfile and the Federation of State Medical Boards' Physician Disciplinary Data Bank. "These data bases and other sources may provide hospitals with information that is new or inconsistent when compared with an individual's application," said O'Leary.

When verification with primary sources is not feasible, these other sources can be particularly helpful. "For example," O'Leary said, "if a residency program no longer exists, a hospital could use the AMA Masterfile to obtain information concerning the applicant's training."

The new standard becomes effective for accreditation surveys January 1, 1988.

**AIM HIGH**

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F.J. Kocab

**Nov. 26**  
R.W. Colla  
R.R. Rich  
S.V. Squicquero

**Dec. 4**  
C.A. Hixson  
H.J. W. Marcella

**Nov. 17**  
J.J. Turner

**Nov. 27**  
R.V. Bruchs

**Dec. 9**  
Y. Amorn  
J.R. Miklolich

**Nov. 18**  
H.N. Bennett  
F.R. D'Amato  
A.T. Deramo

**Nov. 28**  
H.C. Rempes

**Dec. 10**  
H.L. Shorr

**Nov. 19**  
L.E. Slusher

**Nov. 30**  
S.E. Tochtenhagen  
R.D. Gillette

**Dec. 12**  
H.A. Parris  
P.P. Zafrides

**Nov. 22**  
G.D. Fry

**Dec. 1**  
D.R. Bernat

**Dec. 13**  
E.A. Shorten

**Nov. 23**  
E.U. Sevilla

**Dec. 2**  
M.S. Dasu

**Dec. 14**  
J.L. Solana

**Nov. 25**  
T. Firdaus  
G.J. Nigam

**Dec. 3**  
C.F. Wagner  
M. El Hayek

**Dec. 15**  
S.G. Adornato  
F.G. Kravec

## Dr. Chiu Heads NEOUCOM Board

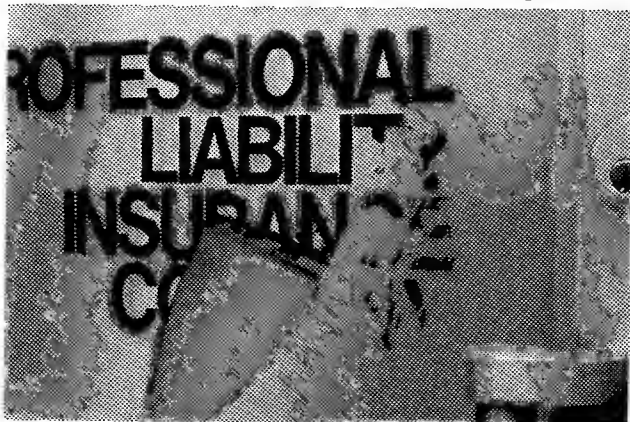
Y.T. Chiu, Jr., M.D., Youngstown plastic surgeon, was elected chairman of the board of trustees of the Northeastern Ohio Universities College of Medicine. Dr. Chiu was named to a nine-year term on the board on June 18, 1983. He succeeded Leonard P. Caccamo, M.D., Youngstown internist and director of medical education at St. Elizabeth Hospital Medical Center, as the public member representing the Youngstown area. Dr. Chiu's term will end in 1992.

Dr. Chiu, who lives in Canfield, received the M.D. degree in 1962 from the National Defense Medical Center, Taiwan. He served internship and general surgery residency at Youngstown Hospital Association, now Western Reserve Care System.

He served a plastic surgery residency at Indiana University Medical Center and a fellowship in hand surgery in Louisville, Kentucky.

Dr. Chiu has been an assistant professor of plastic surgery for NEOUCOM since 1978. He is certified by the American Board of Surgery and the American Board of Plastic Surgery. He served as vice president of Youngstown Rotary Club from 1983-84. He is a past president of the Mahoning County Medical Society.

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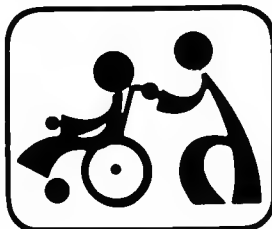
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# From the Bulletin

## FIFTY YEARS AGO ~ NOVEMBER 1937

The late Jos. Rosenfeld wrote that sulfanilamide was generally believed to be a valuable therapeutic agent, but it possessed definite toxic qualities.

Fred Coombs was in Boston at the Massachusetts General for a year of Internal Medicine. Al Cukerbaum was back from two years in New York to practice Dermatology and Allergy. John Renner was at the University of Pennsylvania studying Surgery.

P.R. McConnell, W.E. Maine, J.K. Herald, M.J. Sunday and M.M. Szucs were appointed to the St. Elizabeth's Hospital staff.

New members of the Society were: Craig Wales, Milton Varmy, Gabriel DeCicco, Barclay Brandmiller and M.M. Szucs

## FORTY YEARS AGO ~ NOVEMBER 1947

J.P. Harvey was studying Cardiology at Massachusetts General. Martin Conti returned from the Navy and opened his office for the practice of Surgery. J.E.L. Keyes was in Chicago conducting examinations for the American Board of Ophthalmology.

New members were Eugene Elder, Robert Kiskaddon, Stephen Ondash, Andrew Detesco, H. Bryan Hutt, James Miller, D.T. Yoder, Charles Stertzbach and Bernard Schneider.

Dr. Wm. H. Evans presented a paper at the St. Elizabeth Staff meeting on the use of Penicillin and Sulfa in Ear, Nose, and Throat Practice.

## THIRTY YEARS AGO ~ NOVEMBER 1957

Editor Pichette wrote about Old Age and Survivors Insurance commonly known as Social Security. He said it was insurance without any contract which made it possible for Government to change the cost and terms of the policy at will and the insured public had little to say about it.

The shortage of Salk Polio Vaccine was over. HEW urged Medical Societies to put on campaigns to get everyone under 40 years of age immunized. Asian Flu was rampant and vaccine for it was in short supply.

The new members that month were: R.W. Wiltsie, Jack Malkoff, Bertram Katz, I. Berke, W.H. Bunn, Jr., A.T. Laird, F.W. Dunlea, Wm. Taake and A.V. Banez.

## TWENTY YEARS AGO ~ NOVEMBER 1967

We are still giving Asian Flu Vaccine and being warned of another impending Asian Flu epidemic. Lederle was advertising the new live, Oral, trivalent Polio Vaccine developed by Dr. Sabin.

The passing of an era was marked by the deaths of two Youngstown's most noted and dearly loved surgeons---Dr. A.E. Grant and Dr. W.O. Mermis.

New active member that month was Dr. John L. Altier. What a large pair of shoes he has to fill!

## TEN YEARS AGO ~ NOVEMBER 1976

Outgoing Editor Reed Hofmaster joined the refrain of all outgoing officers who can't understand why more members will not get involved in the affairs of the Medical Society. On the agenda for the November meeting---a possible raise in dues---a sure cure for lagging attendance.

Dr. L.K. Reed entered a guest editorial describing the expanded services available at the Alcoholic Clinic of Youngstown and urged the members to refer their patients for counseling as well as detoxification.

No new members were reported for the month of November, but on November 13, 1977, the Mahoning County Medical Society was 105 years old.

Robert R. Fisher, M.D.

NOVEMBER



## VITAMINS: WHO NEEDS THEM

The government estimates that 40 percent of the adult American population use vitamin and mineral supplements daily. But, according to a report by the Council on Scientific Affairs of the A.M.A., healthy adult men and non-pregnant women who consume a usual, varied diet do not need these preparations.

The report notes there is ample opportunity for misuse of vitamin supplements, considering they are so widely taken by the public. The Council says this misuse — such as taking large doses of specific or multivitamin preparations — is often based on "myths or distortion" of experimental studies of laboratory animals.

The report says some vitamins are misused more commonly than others. It notes some people have taken large doses of multivitamins in the belief that vitamins combat the chronic degenerative diseases or extend life — even though studies have demonstrated no such benefits.

In fact, the Council says, use of inappropriately high doses of vitamin has been associated with undesirable effects ranging from trivial to major. Severe illness has resulted from excessive use of vitamin A, and death has occurred after massive oral doses of vitamin D and misuse of ascorbic acid.

Obviously, vitamin preparations, when used properly, are valuable and, thus, are used extensively in the practice of medicine. Infants may need dietary supplements at given times, as may pregnant and lactating women. Vitamin supplements also may be useful for people with unusual lifestyles or modified diets, including certain weight reduction regimens and strict vegetarian diets.

But, for most healthy people, the Council concludes, a varied diet will provide needed vitamins and minerals.



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## WE ARE 115

The Mahoning County Medical Society will observe its 115th anniversary on November 13th. The first meeting of the Society was held on that date in 1872.

## ELDERLY DISABLED

According to the United States Census Bureau, approximately 58 percent of people age 65 and older have some sort of disability. Most common types of disabilities are

Difficulty in walking.

Lifting or carrying a weight equivalent to a bag of groceries.

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### XERORADIOGRAPHIC MAMMOGRAPHY

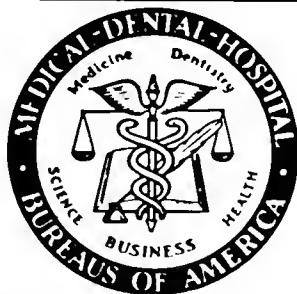
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